



# Corporation Application for Adjustment of Overpayment of Estimated Tax

FORM 4466N

2005

Tax Year Ending \_\_\_\_\_, \_\_\_\_\_

PLEASE DO NOT WRITE IN THIS SPACE

Please Type or Print

Name as Shown on Form 1120N-ES

Street or Other Mailing Address

Nebraska Identification Number

24—

Federal Identification Number

City

State

Zip Code

Is this application being filed by the 15th day of the third month following the end of the tax year? If No, see instructions. ☐ YES ☐ NO

1	Estimated corporation income tax before nonrefundable credits . . . . .	1		
2	Estimated in lieu of intangible tax paid . . . . .	2		
3	Estimated other nonrefundable credits—CDAA credit and Form 3800N credit . . . . .	3		
4	Estimated total nonrefundable credits (total of line 2 plus line 3) . . . . .	4		
5	Estimated income tax liability (line 1 minus line 4. If less than zero, enter -0-) . . . . .	5		
6	Estimated Form 3800N refundable credit . . . . .	6		
7	Beginning Farmer credit . . . . .	7		
8	Estimated income tax liability (line 5 minus lines 6 and 7) . . . . .	8		
9	2005 estimated tax payments (includes 2004 overpayment credited to 2005 estimated tax) . . . . .	9		
10	OVERPAYMENT of estimated tax claimed (line 9 minus line 8). If this amount is at least 10% of line 8 and at least \$500, the corporation may request this adjustment . . . . .	10		

Under penalties of perjury, I declare that I have been authorized by the above named corporation to make this application, and that to the best of my knowledge and belief, the statements made herein are correct and complete.

sign  
here

Signature of Officer

Title

Date

## INSTRUCTIONS

**WHO MAY FILE.** Corporations that overpaid estimated tax for the tax year must use this form to apply for an adjustment of the overpayment when the overpayment is:

1. At least ten percent of the expected tax liability calculated on line 8 of this form; and
2. At least \$500.

The overpayment is the excess of the estimated tax the corporation paid during the tax year over the estimated final 2005 income tax liability computed at the time this application is filed.

If members of a unitary group paid their estimated income tax on a combined basis, the common parent corporation must file the Form 4466N. If members of the group paid estimated tax separately, each member who claims an overpayment must file Form 4466N separately.

**WHEN TO FILE.** Form 4466N must be filed by the 15th day of the third month after the end of the tax year and before the corporation files its corporate tax return. A Form 4466N filed after this date will not be considered. An extension of time to file the return will not extend the time for filing Form 4466N.

**WHERE TO FILE.** Corporation Application for Adjustment of Overpayment of Estimated Tax, Form 4466N, is to be mailed to the Nebraska Department of Revenue, P.O. Box 94818, Lincoln, Nebraska 68509-4818.

**OVERPAYMENT CREDITED AND REFUNDED.** The Nebraska Department of Revenue will act on this application

within 45 days from the date it is filed, and may credit the overpayment against any existing tax liability of the corporation and refund any balance.

**DISALLOWANCE OF APPLICATION.** The Nebraska Department of Revenue may disallow, without further action or appeal, any application containing material omissions or errors that cannot be corrected within the 45-day review period. **Form 4466N does not constitute a claim for credit or refund.**

**EXCESSIVE ADJUSTMENT.** If any adjustment made by the Nebraska Department of Revenue is later found to be excessive, interest at the statutory rate will be due on the amount of the excessive adjustment, calculated from the date the adjustment was made until the original due date of the corporation's return.

The excessive amount is the lesser of:

1. The amount of the adjustment, or
2. The excess of:
  - a. The corporation's income tax liability as shown on its return over
  - b. The estimated tax paid less the adjustment allowed.

**SIGNATURE.** This application must be signed by a corporate officer. If the taxpayer authorizes another person to sign this application, there must be a Power of Attorney, Form 33, on file with the Nebraska Department of Revenue.

Mail this application to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 94818, LINCOLN, NE 68509-4818**

Visit our Web site: [www.revenue.ne.gov](http://www.revenue.ne.gov), or call 1-800-742-7474 (toll free in NE and IA) or 1-402-471-5729.